



Appointment

In person contact- met CT at Court

Appointment

Subject In person contact- met CT at Court
Location
Regarding  APS Case for Bobbye Rives referred 7/23/2014

Scheduling Information

Required  Bobbye Rives
Optional
Start Time 8/15/2014 7:30 AM **Duration** 8.5 hours
End Time 8/15/2014 4:00 PM **All Day Event** No
Show Time As Completed **Priority** Normal
Case Note Type Client In Person Contact

APSS met the CT at the courthouse in Vista, CA, CT was accompanied by her Nephew, Ralph Sanders. SA was present at the court with her attorney, Lois Kelly. SA was in a wheelchair and walker during the court hearing. SA states she broke her foot the same day she was kicked out of the CT's home. APSS assisted the CT by writing down the conversations for the CT to read and answer questions the judge posed. The judge extended the Temporary restraining order until October 24th at 8am. The SA states she is moving out of the state of California and wants to pick up her belonging from the CT's home without APS or the Sheriff's present. The judge wrote on the restraining order that APS and the Sheriff's department can be present during the time the SA picks up her belongings to keep the peace. APSS to scan the document into Documentum. APSS strongly encouraged that if the CT wants to go back to court on October 24th, that she hire an attorney to represent her. APSS explained this to Ralph, he agreed to assist the CT with obtaining an attorney.

Notes

Details

Owner  Karen Dee **Organizer**  Karen Dee
Category **Sub-Category**

INITIAL DISCHARGE ASSESSMENT

Name:

Bobbie Rives

Admit Date:

9-6-14

DOB:

10-23-29

Medical Record #:

19444

Physician:

GIVEN

Diagnosis:

Sepsis, Rehabilitation, Int Inf

Rehab Potential:

Good

Fair

Poor:

Admitted from:

Gripes

Prior living arrangements:

Lives at home

RESIDENT APPEARS TO BE:

☒ a. Long-term care without possibility of discharge.☒ b. Short-term care. If yes, anticipated length of stay: _____

Previous community resources utilized: _____

In-home support services available: _____

Financial resources: _____

Resident's motivation to function in a more independent setting:(circle)

GOOD FAIR POOR

☐ c. Unable to determine at this time.

DISCHARGE PLAN DISCUSSED WITH:

☒ a. Resident☒ b. Family, Responsible Party, Friend:

(circle)

Ralph Sanders

Nephew / DPOA

Comments:

(714) 262-2378

Signature:

Debra Valley

Date:

9-8-14

DISCHARGE PLANNING NOTES:

Scripps Mercy Hospital

DISCHARGE SUMMARY

PATIENT: RIVES, BOBBYE J

MR#: 000200251338

ADMIT DATE: 02/16/2011

ACCT#: 000916209018

DISCHARGE DATE: 02/19/2011

CHIEF COMPLAINT:

"I was so hurt."

DISCHARGE DIAGNOSIS(ES):

Axis I. Anxiety, not otherwise specified.

Axis II. None.

Axis III. Diabetes and high blood pressure.

Axis IV. None.

Axis V. Global Assessment of Functioning at admission 45.
Global Assessment of Functioning at discharge 60.

HISTORY:

This is a 83-year-old black female who was brought in 5150 after "an altercation with the daughter." The patient has difficulty hearing. "My daughter wants my money." She is 62, appears to being in a fight with her daughter, agitated, was a little guarded, and she was hard of hearing. She denies being suicidal or homicidal. The patient appears very coherent when answering the questions.

HOSPITAL COURSE:

She was admitted to the BHU in a 5150. We held psychiatric medications. We ordered basic labs and followed the patient accordingly with medication management and psychotherapy.

During the hospitalization, the patient appeared extremely calm and cooperative with no signs of agitation or psychosis. Adult Protective Service was involved, and we did not feel the need to start any medications.

The patient signed in voluntarily. The patient will be discharged to her friend's house until the situation with the daughter is being clarified.

DISCHARGE INSTRUCTIONS:

DIET: Regular.

ACTIVITY: Per lib.

MEDICATIONS: None.

FOLLOWUP:

None. PRN.

CONDITION ON DISCHARGE:

Good.

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Scripps

PATIENT DISCHARGE / INTERFACILITY
TRANSFER INSTRUCTIONS

WIVES, BOBBY J

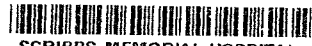
MRN: 200251338

DOB: 10/23/1927 F/86

09/01/14

ACCT: 102074264

KIM, JAMES T MD



SCRIPPS MEMORIAL HOSPITAL, ENCINITAS

Nurse to complete asterisked items (*). Physician to complete shaded areas.

*Discharged to: ☐ Home ☐ Home with Home Health ☐ Acute Rehab ☐ Assisted Living ☐ Board and Care ☒ SNF☐ Other: Las Villas de Carlsbad*Mode of transport: ☒ Auto ☐ Ambulance ☐ Wheelchair Transport ☐ Other

Follow up Appointments

Primary Physician: Dr. Noli Cava Call to be seen in 7 days, Phone: (619) 221 4490Specialty Doctor Gregory Jv Reason Cardiology see in 14-21 days, Phone: (760) 230-6660Specialty Doctor Jamison Glenn Reason Ortho spine see in 7-10 days, Phone: (760) 230-5188

Specialty Doctor _____ Reason _____ see in _____ days, Phone: _____

Diet: ☐ Regular ☒ Cardiac ☒ Diabetic ☐ 2gm Sodium ☐ Soft ☐ Other: _____

(Circle) Diet/swallow precautions or instructions: _____

Activity: No restrictions unless noted below

☐ May resume all normal activities in _____ (circle) days / weeks C.D. Aff precautions☐ No shower until _____ ☐ No bath until _____☐ No lifting more than _____ pounds ☐ Weight bearing restriction: _____☐ Until further instructed by MD, walk with ☐ Walker ☐ Crutches ☐ Other: _____Driving: ☐ In _____ days ☐ when cleared by MD Work: ☐ In _____ days ☐ when cleared by MDLabs: ☐ PT/INR in _____ days ☒ Other labs/procedures: ✓ CBC + BMP in 3 days*Incision Instructions: Keep wound clean and dry ☐ Okay to leave open to air

*Notify surgeon for fever, chills, increased drainage, redness, and/or pain.

*Wound Care: Pressure Ulcer Present: ☒ No ☐ Yes Stage/Location: _____
Instructions: _____*Other Information / Instructions: * DO NOT Disclose ANY PT. info, except to Pt
Nephew - Ralph Sanders (714) 262-8378
If develop back pain, consider TCSO Brace.*Immunizations given in hospital as applicable: ☐ Flu ☐ Pneumonia ☐ Date given: (if known) _____

Continuing Care

For: ☐ RN ☐ PT ☐ OT ☐ Speech ☐ Wound ☐ Other: _____

*Agency: _____ *Phone: _____

☐ Infusion of: _____ *Agency: _____ *Phone: _____☐ Equipment: ☐ Oxygen at _____ liters/min *Agency: _____ *Phone: _____

Other equipment: _____

*Information to be completed for next caregiver/SNF

☒ SNF Accepting MD Dr. Daniel Given Report called to: (760) 434-4322Time of last meal: _____ Time of last pain medication: _____ ☐ Confused/ forgetfulFoley catheter inserted (date): _____ Incontinent: ☐ stool ☐ urine Last Bowel Movement: _____Needs assist with: ☐ Bathing/dressing ☐ Eating ☐ Ambulation ☐ Other _____Advanced Directive: ☐ No ☐ Yes ☐ Copy With PatientInfection: ☐ MRSA ☐ C. Difficile ☐ VRE ☐ Other _____PHYSICIAN SIGNATURE [Signature] DATE/TIME 9/6/14 @ 12:35 PATIENT SIGNATURE XNURSE SIGNATURE [Signature] DATE/TIME 9/6/14

2DCIN

☐ Belongings sheet reviewed with patient
☐ Discharge instructions/medications reviewed with patient/family and copies given.

PHOTOCOPY ON DISCHARGE

CONFIDENTIAL



Coding Abstract Summary

Patient Name RIVES, BOBBYE J		Sex FEMALE	Birth Date 10/23/1927	Age 86	MR Number 200251338	Account Number 102074264
Admit Date 09/01/14 06:17 PM	Discharge Date 09/06/14 11:59 PM	LOS 5	Primary Insurance MEDICARE A/B		Disposition DISCH TO SNF	
Attending Physician DABESTANI ARDESHIR M.D.		Coder SULTIVE, CHERYL		Coding Date 09/10/14		
MDC Code / Text 018 INFECTIOUS & PARASITIC DISEASES, SYSTEMIC OR UNSPECIFIED SITES						
DRG Code / Text 872 SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC						
Admit Diagnosis						
99590	Systemic inflammatory response syndrome, unspecified					
Primary Diagnosis						Present on Admit
0383	Septicemia due to anaerobes					Y
Secondary Diagnosis						Present on Admit
5849	Acute kidney failure, unspecified					Y
2763	Alkalosis					Y
00845	Intestinal infection due to Clostridium difficile					Y
73313	Pathologic fracture of vertebrae					Y
4280	Congestive heart failure, unspecified					Y
3899	Unspecified hearing loss					Y
2724	Unspecified hyperlipidemia					Y
3659	Unspecified glaucoma					Y
30002	Generalized anxiety disorder					Y
5853	Chronic kidney disease, stage III (moderate)					Y
7904	Nonspecific elevation of levels of transaminase/lactic acid dehydrogenase (LDH)					Y
41401	Coronary atherosclerosis of native coronary vessel					Y
27651	Dehydration					Y
99591	Sepsis					Y
40390	Hypertensive chronic kidney disease stage I through stage IV, or unspecified, unspecified benign or malignant					Y
25000	Diabetes mellitus without complication, type II or unspecified type, not stated as uncontrolled					E
V1582	Personal history of tobacco use					E
V4582	Percutaneous transluminal coronary angioplasty status					
Procedures					Provider	Date
CPT Procedures					Provider	Date

MR number: 200251338
Admit date: 09/01/14 06:17 PM

Account number: 102074264
Discharge date: 09/06/14 11:59 PM
Page 1 of 1

Patient name: RIVES, BOBBYE J
Date printed: 9/15/2014
Template name: Abst99fm.doc, rev.1

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ORIGINAL

LAS VILLAS DE CARLSBAD

ADDRESS, 1088 LAGUNA DRIVE, CARLSBAD, CA 92008-1858

760-434-7116

Face Sheet

Last Name RIVES	First Name BOBBYE	MI	MR# 19441	Bed 100		
Address BOBBYE RIVES, 363 CERRO STREET, ENCINITAS, CA 92024				County SAN DIEGO COUNTY,	Phone 760-436-2096	
Soc. Sec Number 458-34-1576	M / S MARRIED	Race BLACK NOT OF HISPANIC ORIGIN	Birth Date 10/23/1927	Age 86	Sex Female	Religion
Admission Number 0021499	Admit Date 09/06/2014	Admit From HOSPITAL				
Payor MEDICARE A TRICARE PRIVATE HEALTH CENTER	Phone -	Policy 458341576A 243208885	Eff Date	Expire Date		
Guarantor Name BOBBYE RIVES	Guarantor Address BOBBYE RIVES, 363 CERRO STREET, ENCINITAS, CA 92024			Guarantor Number 19557	Phone 760-436-2096	
Primary Contact						
First Name LARNITA	Last Name PETTE	Type BMC	Address ***DAUGHTER***	City	State Zip	
HPhone 707-633-2049		WPhone 714-262-8378		CPhone 707-633-2049		
Alternate Contacts						
First Name BEVERLY	Last Name CALCOTE	Type ALT	HPhone 310-985-1501	WPhone -	CPhone -	
Attending Phy Name GIVEN, DANIEL	Address 10666 N. TORREY PINES RD	City LA JOLLA	State CA	Zip 92037	Phone 858-956-4579	Contact
Alternate Physician	Address	City	State	Zip	Phone	Contact
Allergies						
Advanced Directive						
Active Diagnosis						
995.91	SEPSIS	250.00	DMII WO CMP NT ST UNCNR			
V57.89	REHABILITATION PROC NEC	401.9	HYPERTENSION NOS			
008.45	INT INF CLSTRDUM DFCLE	272.4	HYPERLIPIDEMIA NEC/NOS			
785.0	TACHYCARDIA NOS	365.9	GLAUCOMA NOS			
414.00	COR ATH UNSP VSL NTV/GFT	530.81	ESOPHAGEAL REFLUX			
Prof Contacts						
Type	Address	City	State	Zip	Phone	Fax
Additional Information						

Print Date: 9/8/2014

Page 1 of 1

Rpt Rev Date 10/2/08

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Health
Facility: Encinitas
RIVES, Bobbye J
MRN#: 200251338
DOB: 10/23/1927
Age: 87 Sex: F

SOCIAL WORK SUMMARY REPORT

Acct#: 102074264
Attending MD: Dabestani, Ardeshir A
Admit Date: 09/01/2014
Disch: 09/06/2014

Page: 3
Print: 08/19/15 12:55
REPORT ID: ZFLW001S-AGGL1

Finding	Service Date/Time	Result	Charted Date/Time	Charted By
Social Work Interval Notes. 09/02/14 16:26				
(CONTINUED)				
SW INTERVAL NOTES.				
Pt. nephew visiting Pt. and Pt gives permission for MSW to speak freely with her nephew (as her hearing aides are not working well).				
Pt. nephew reports Pt. had temporary restraining order done 2 weeks ago against her daughter, after Pt. daughter became physical with Pt. Pt. adds that "I finally came clean and told my MD about Larnita hitting me". MSW confirmed with Pt. and Ralph that Pt. will be made a "no info" in the hospital. and they both like and agree to this option for protection. MSW relayed this safety measure to bedside RN Jeanette and IN Lerida. MSW also updated with Lupe in Access Dept. facesheet with advance directive surrogates (listed above). MSW also placed advance directive in Pt. chart (sent from Pt. lawyer's office).				
also a addendum note from lawyer stating that Pt. daughter is not to have any power of Pt. estate; Pt. lawyer has also sent this letter to SD Sheriff's (to let them know that Pt. is severely hearing impaired and under stress over daughter).				
Pt. nephew Ralph says he is going to get Meals on Wheels for Pt. and knows how to contact this agency. Ralph agrees to participate in DC plan of Pt. and will contact Pt. primary surrogate (niece Beverly).				
MSW facilitated audiology consult (with order from MD Horn) and RN Jeanette reports this was very helpful (at end of day). Batteries were replaced and cracked tubes were replaced by Dr Fabian.				
Plan: Pt and Pt. nephew, advised of the role/availability of Social Services at this facility; Social Services will continue to follow p.r.n.				
Still awaiting call back from APS worker to clarify case and inform APS that Pt. has been admitted.				
Oceanna Gage MSW				

Scripps Health
Facility: Encinitas
RIVES, Bobby J
MRN#: 200251338
DOB: 10/23/1927
Age: 87 Sex: F

SOCIAL WORK SUMMARY REPORT

Acct#: 102074264
Attending MD: Dabestani, Ardeshir A
Admit Date: 09/01/2014
Disch: 09/06/2014

Page: 4
Print: 08/19/15 12:55
REPORT ID: 2FLW001S-AGG11

Finding	Service Date/Time	Result	Charted Date/Time	Charted By
Social Work Interval Notes.				
SW INTERVAL NOTES.				
Social Work Interval Notes				
	09/03/14 14:40	Y	09/03/14 15:00	3-158975, SW CLN
Social worker made contact with APS SWer Karen Dec 760-754-5807. Karen reports that patient needs to hire some assistance at home, possibly 2 hrs a day to help with meals and cleaning. Apparently, patient has been resistive in the past. Karen is not aware that niece Beverly is DPGA or if there is an actual document stating so. SWer informed Ms. Dec of letter from patient's attorney re: nephew Ralph Sanders 714-262-8378 is one of her Successor trustees and Agents under her Power of Attorney. Ms. Dec expressed concern re: niece Beverly and believed her to be aligned with daughter. Presently nephew appears to be the most involved and trustworthy. SWer placed call to request facesheet be updated to reflect nephew Ralph as contact person. T/C with nephew and discussed need for patient to have assistance at home. Ralph reports patient has told him she wanted to contact "Debbie" re: helping her at home. Ralph is in the process of getting in contact with Debbie and this writer also emailed him a list of homecare agencies. Nephew states that patient will want to be in her own home which her husband had bought for them. Ralph to call SWer when he hears from Debbie. SWer conferred with IN and IN will arrange for Home PT, RN and ON. SW to notify APS SWer Karen 760-754-5807 upon discharge.				
Jill Moldenhauer LCSW				
Social Work Interval Notes.				
SW INTERVAL NOTES.				
Social Work Interval Notes				
	09/04/14 14:52	Y	09/04/14 14:58	3-158975, SW CLN
SW follow up this am. SWer conferred with PT and it was stated patient is quite weak and unconditioned, could benefit from SNF. Patient would benefit from further instruction using a walker as well. If patient went home would require 24 hr. care. T/C with nephew Ralph 714-262-8378 and he agreed SNF may be best option. conferred with IN and she will speak with patient re: SNF and also contact nephew.				

RIVES, Bobby J MRN#: 200251338

Version: 1.3.0 06/10 (P9)-111108

SEP/11/2014/THU 10:02 AM

FAX No.

P. 002



CONTINUING CARE-H&P (Internal Medicine)

Date of Service: 09/09/2014

BOBBYE J. RIVES
MRN: 200251338
DOB: 10/23/1927

BOBBYE RIVES
383 CERRO ST
ENCINITAS, CA 92024

SCRIPPS

CONTINUING CARE - HISTORY AND PHYSICAL

NAME: RIVES, BOBBYE J
PATIENT #: 200251338
SEX: F
DOB: 10/23/1927
HB/FC: TP

TO:
FROM: Daniel Given MD
STATUS: OUTPATIENT
DATE OF SERVICE: 09/09/2014
DOCUMENT: CONTINUING CARE - HISTORY AND PHYSICAL
PCP:

SKILLED NURSING FACILITY HISTORY AND PHYSICAL

SKILLED NURSING FACILITY: Las Villas De Carlsbad.

RECENT HOSPITALIZATION: Scripps Encinitas Hospital from 9/1/2014
to 9/5/2014.

PRIMARY CARE PHYSICIAN: Dr. Noli Cava, here in San Diego.

OUTPATIENT CARDIOLOGIST: Dr. Pingfeng Du.

CHIEF COMPLAINT: Weakness.

HISTORY OF PRESENT ILLNESS: This is an 86-year-old female with a
history of coronary artery disease, status post PCI, diabetes,
hypertension, glaucoma, severe hearing loss, who presented to the

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the care of individual patients who may be identifiable from this information. All other use or disclosure is
strictly prohibited unless specifically and legally authorized.

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SEP/11/2014/THU 10:02 AM

FAX No.

P. 003

Date of Service: 09/09/2014
RIVES, BOBBYE J.
MRN: 200251338
DOB: 10/23/1927

emergency department with weakness and abdominal pain. She was found to have significant leukocytosis to 25,000. Stool studies showed C. diff infection. Other infectious workup was negative. She was started on Flagyl p.o., with improvement in her leukocytosis. She was deemed medically stable and transferred to our facility for further physical and occupational therapy rehabilitative services.

Currently, the patient states that she had one episode of loose stools on the evening of admission to our facility, but since that time has had normal formed bowel movements. She denies any fevers or chills. She denies any abdominal pain. She denies any difficulty breathing. She denies any chest pain or pressure. She denies any cough. She denies any dysuria. She denies any melena, hematochezia, or bright red blood per rectum.

REVIEW OF SYSTEMS: Full review of systems reviewed with the patient and is otherwise negative, except for those stated above.

ACTIVE MEDICAL ISSUES AND PAST MEDICAL HISTORY:

1. C. diff colitis, with associated leukocytosis, now improved.
2. Acute kidney injury or chronic kidney disease, stage 2 to 3.
3. Diabetes.
4. Hypertension.
5. Dyslipidemia.
6. Generalized anxiety disorder.
7. Glaucoma.
8. Severe hearing loss.
9. Coronary artery disease, status post Taxus stent to the LAD in 2007.
10. Status post right knee surgery.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

CURRENT MEDICATIONS:

1. Flagyl 500 mg p.o. q.8 hours x12 days following transfer to our facility. This is a new medication.
2. Prednisone 81 mg p.o. daily.
3. Linagliptin 5 mg p.o. daily.
4. Welchol 625 mg 1 tablet p.o. daily.
5. Ezetimibe 10 mg p.o. daily.
6. Florastor 250 mg p.o. b.i.d. x12 days. This is a new medication.
7. Toprol-XL 37.5 mg p.o. daily.
8. Amlodipine 10 mg p.o. daily.
9. Atorvastatin 40 mg p.o. daily.

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FAX No.

P. 004

Date of Service: 09/09/2014
RIVES, BOBBYE J.
MRN: 200251338
DOB: 10/23/1927

10. Lasix 20 mg p.o. daily. This was held initially, and is to restart on 9/10/2014.
11. Glipizide extended release 5 mg p.o. b.i.d.
12. Canagliflozin 100 mg p.o. daily.
13. Sitagliptin 50 mg p.o. daily.
14. Pantoprazole 40 mg p.o. daily.
15. Prednisolone 1% eyedrops one drop each eye daily.
16. Brinzolamide/brimonidine 1%/0.2% one drop each eye q.i.d.
17. Tafluprost ophthalmic 0.0015% one drop each eye daily.
18. Timolol 0.5% one drop each eye at bedtime.
19. Lumigan ophthalmic 0.01% one drop each eye at bedtime.

FAMILY HISTORY: Reviewed and is not pertinent to HPI.

SOCIAL HISTORY: The patient has a very complex social situation. She was previously living with her daughter for 6-1/2 years, however, apparently recently did obtain a restraining order against her daughter. She states that her next of kin and DPOA would be her nephew, Ralph Sanders, who can be reached at 714-262-8378. Alternative point of contact would be Beverly Calcote, who is her niece. When questioning the patient, she does report physical and psychological abuse from the daughter, which was the prompting to get a restraining order. Apparently, she has not been living with her daughter, and her home situation is somewhat unclear at this point. Communication is very difficult with the patient as she is severely hard of hearing. She was previously using tobacco, none current. There is no current alcohol abuse. There is a history of positive THC on a urinary tox screen from 2011, per report of H and P from the hospital. The patient denies illicit drug use. She is retired.

Advance care planning: The patient is full code, full care. Again, DPOA has been appointed by the patient as her nephew, Ralph Sanders.

PHYSICAL EXAMINATION:

VITAL SIGNS: Blood pressure 102/72. She is afebrile. Pulse 70. Respirations 24.

GENERAL: The patient is in no acute distress. She is severely hard of hearing. She does answer questions appropriately, however, is sometimes difficult to follow.

HEAD: Atraumatic, normocephalic.

EYES: Pupils equal, round, reactive to light. Sclerae anicteric. Extraocular movements intact.

ENT: Mucous membranes are moist. Oropharynx is clear. No drainage from nares or ears bilaterally.

CARDIOVASCULAR: Regular rate and rhythm, with a 2/6 systolic

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SEP/11/2014/THU 10:03 AM

FAX No.

P. 005

Date of Service: 09/09/2014

RIVES, BOBBYE J.

MRN: 200251338

DOB: 10/23/1927

ejection murmur.

PULMONARY: Clear to auscultation bilaterally.

GASTROINTESTINAL: Abdomen is soft, nontender, nondistended, with normoactive bowel sounds.

MUSCULOSKELETAL: No cyanosis, clubbing, or edema.

NEUROLOGIC: The patient is oriented to date, month, and year.

Cranial nerves appear grossly intact. She is moving all four extremities without difficulty.

LABORATORY DATA:

1. CBC on 9/9/2014 shows WBC is elevated at 14.0, hemoglobin 12.1, platelets 378,000.
2. Metabolic panel on 9/9/2014 showing sodium 140, potassium 4.2 chloride 106, CO2 of 27, BUN 20, creatinine slightly elevated at 1.2.

IMPRESSION: This is an 86-year-old female with a complicated social history that is still largely unclear at this point, who presented to Scripps Encinitas Hospital with abdominal pain and weakness, found to have *Clostridium difficile* colitis, and is now currently on treatment, who is here for physical and occupational therapy rehabilitative services.

PLAN:

1. *Clostridium difficile* colitis: The patient will remain on Flagyl, to complete a total of 14-day course. She is having formed stools at present. She has no other constitutional signs or symptoms of active infection. Repeat WBCs did show persistent elevation at 14.0. Discharge WBCs were 11.7. We will follow up with a repeat BMP at the end of this week. We will monitor the patient clinically.
2. Acute kidney injury on chronic kidney disease: The patient's creatinine at discharge was 0.9, currently it is back up at 1.2. Her creatinine on admission was 1.6. We will continue monitoring.
3. Hypertension: Patient's blood pressures are currently well controlled. She will continue on her current regimen. The patient was to be restarted on Lasix. It is unclear at this point as to what she was taking. I will have to further clarify with the patient what she was taking as an outpatient. She does not have any documented history in our system of congestive heart failure. Again, we will follow the patient.
4. Diabetes mellitus type 2: The patient is on a multitude of oral agents. Her hemoglobin A1c on 9/2/2014 was adequately controlled at 7.0%. She will continue with the current regimen.
5. T9 and L2 subacute compression fractures: These were

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LVC000017

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Allscripts - View Online Referral

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Primary Diagnosis:	SEPSIS, DIABETES, DEHYDRATION
Admitting Physician:	JAMES T KIM
Attending Physician:	JAMES T KIM
Primary Care Physician:	423525*NONE NONE MD NONE
Referring Physician:	NONE JOSEPH NONE

Admission Comment

Scripps Encinitas

EMERGENCY RECORD

PATIENT: RIVES , BOBBYE J
MR#: 000200251338 ACCT#: 00C102074264
DATE OF SERVICE: 09/01/2014

AGE:
86 years old.

TIME OF EVALUATION:
1830.

MODE OF ARRIVAL:
To the department is ambulatory.

CHIEF COMPLAINT:
Nausea, vomiting, weakness, and abdominal pain.

HISTORICAL SOURCES:
1. The patient.
2. The patient's cousin Beverly, 310-985-1501.
3. The patient's niece who is an OB/GYN physician at Sharp,
Rosalyn Baxter, 858-250-5931.

Ms. Beverly who lives in Los Angeles called the neighbors and asked them to check on her. There have been some domestic issues at the house, and Adult protective Services are involved. The neighbors went to check on Bobbye, and she was complaining of nausea, vomiting, diarrhea, had not been taking her medications, dehydrated, lightheaded, no fevers, no chills, and just not feeling well. There was some concern about her ability to make decisions and take care of herself. Paramedics picked her up and brought her to Scripps Encinitas as she complains of generalized weakness, vomiting, and somewhat confused. Pain location: All over the abdomen. Quality crampy. Severity, moderate. Duration: One-and-a-half days, constant. Associated with fevers, chills, no hemoptysis, no hematemesis.

PAST MEDICAL HISTORY:
Her past medical history is notable for coronary artery disease, diabetes, congestive heart failure, and multiple cardiac stents.

MEDICATIONS:
1. Plavix.
2. Aspirin.
3. Iron.
4. Nitroglycerin.
5. Protonix.
6. Toprol.
7. Glucotrol.
8. Glucophage.
9. Lotrel.
10. Zetia.

The patient has not been taking her medications.

SOCIAL HISTORY:
No ethanol, tobacco, or drugs.

FAMILY HISTORY:
Positive for mental illness.

https://www.outlookdps.com/professional/EmailClassic/ReadReferrals.aspx

09/01/2014

LVC000208

3201437014719

* A 0 0 2 7 7 2 3 8 4 *



Face Sheet

ALLEGATIONS

Assault / battery by adult daughter
Financial abuse by adult daughter
Emotional abuse by adult daughter

INVESTIGATIVE FINDINGS OF ALLEGATIONS

- Confirmed for assault / battery - law enforcement intervened at the home.
- Unfounded for financial abuse - client denied the allegation and no evidence was found to support the allegation.
- Confirmed for emotional abuse - client and SA have a long HX of verbal/emotional abuse towards each other.

MENTAL STATUS

SAPSS Morales determined at time of initial FTF contact that the client "was alert and oriented, was a sequential historian, and at first contact did present with apparent mental health or emotional distress. Client was 51/50 to the BIU as she attacked and bit the SA leading to police involvement. Client appears able to make decisions independently."

SERVICES PROVIDED

No direct services provided to the client.

SERVICE PLAN GOALS

A formal Service Plan was not developed.

REASON FOR CLOSING

SA has moved out of the client's home. Client has access to appropriate services and resources. Law enforcement is conducting an investigation and has removed all guns from the home. Client was not interested in TRC. No new protective issues were identified.

Supervisor Closing
Comments

Approval

Approval

Supervisor

 Dawn Gibbons

Program Manager

Final Approval

Pre-approved for No
NIFI

Supervisor NIFI
Approval

NIFI Manager NIFI
Approval

Supervisor Approval Supervisor Rejected for Closing
Status

Worker Information

Owner

 Paul Downey

Legacy Information

Legacy ID 284,269

Legacy Case Manager Downey

Legacy Referral T
Status

9

Does the client participate or is the client eligible to participate in Medi-Cal?		Unknown
Does the client have health coverage from the Veteran's Administration?		Unknown
Please list the client's disabling conditions		HOH, DIABETES, CATARACTS, RT KNEE SURGERY
Active to San Diego Regional Center?		No
Financial Institution Information		
Account has Direct Deposit?		Unknown
Collateral Contact Information		
Do you have information regarding collateral contacts for this client		No
Abuse Information		
Select the type of abuse reported		Physical Abuse: The infliction or threat of physical pain or injury to an elder or dependent adult by any person
Specify the Types of Physical Abuse.		Battery: actual physical contact with intent to harm (PC 242).
Date, range of date or approximate date(s) of alleged abuse/neglect		7/13/2014
Details of Alleged Abuse (the maximum characters for describing each abuse type is 3000)		RP IS APS WORKER, KAREN DEE. RP SAID THAT SHE HAS THE COMPANION CASE OF LARNITA PETTE. RP WOULD LIKE THIS CASE ALSO ASSIGNED TO HER. RP SAID THAT ON 7/13/2014 THE CLT FOUND SA'S IPHONE IN THE GARAGE, BUT DID NOT KNOW WHAT IT WAS. CLT PUT PHONE IN HER POCKET. THE SA FOUND OUT AND TRIED TO GET IPHONE FROM THE CLT. IN MEAN TIME CLT WAS HURT. SA CHASED CLT, CORNERED HER AND IN PROCESS OF TRYING TO GET IPHONE, GRABBLED CLT'S ARM, BIT CLT'S LEFT FOREARM. CLT WAS BRUISED AND APPEARED TO HAVE A HAND PRINT OF BRUISING ON HER ARM. CLT BIT THE SA ON HER ARM TO GET SA OFF OF HER. CLT TRIED TO CALL POLICE BUT SA CALLED POLICE FIRST. RP KICKED OUT THE SA OF HOME ON 7/22/2014.
Suspected Abuser Information		
Is Suspected Abuser Known? (If Self-neglect, please click yes and enter the client's first and last name only)		Yes
Suspected Abuser First Name		LARNITA
Suspected Abuser Last Name		PETTE
Suspected Abuser Relationship		Adult Daughter
APS Final Questions		
Have you already made a phone report regarding this concern?		Yes
Please document any other information relevant to this report (including police report numbers, safety warnings for the worker, further explanation of the concern):		SA WAS KICKED OUT OF THE HOME ON 7/22/2014. RP IS KAREN DEE, APS WORKER AND REQUESTS THAT CASE BE ASSIGNED TO HER.
1/25/2016 2:57 PM		Prepared by Amy Waszak
		Page 2 of 3

APS000048

CL was tearful throughout conversation.

It appears that CL is her own decision maker and is able to self advocate.

SOCIAL SUPPORT:

Daughter/SA - Larnita 'Nita' Pette
Nephew - Ralph Sanders - 714/262-8378
Niece - Beverly
Neighbors

FINANCIAL:

CL states that she manages her own finances claiming "I can do it better than some" and informing CM that she just sent out checks for the "lights and gas."

CL declined to share income specifics

LEGAL:

CL reports that Ralph and Beverly are named MDPOA, DPOA\$ co-agents. They are also Co-Successor Trustees.

CL states that she has an attorney but declined to share his/her information.

CIVIL RIGHTS & LANGUAGE:

CL speaks and understands English but declined to sign LND form. CR brochure explained and provided to CL.

PROTECTIVE ISSUE: FINANCIAL and MENTAL SUFFERING

- CL states that ever since her husband passed away (1/2008) SA has been trying to take over. CL stated "I can do everything for myself except drive" and that SA would "do stuff behind my back" such as trying to get CL to change physicians and get her declared incompetent. SA would claim that CL "has mental problems...dementia."

CL spoke at lengths about SA's privileged life having gone to private school and obtaining a double major at UCLA which her parents paid for.

- CL reported that SA had been living with her when, on 2/16/11, SA threw newly cooked bacon and eggs in CL's face. CL stated that the food was warm, not hot enough to burn her. CL reported having entered the kitchen where SA had been cooking breakfast. CL stated something about SA making breakfast for her too at which time SA stated that she was not obligated to make CL breakfast, called her a "nasty name" and threw the food in her face. SA then kicked CL in the right hip/thigh area. CL left the kitchen and was followed by SA. It was not clear to CM but somehow CL ended up on the ground with SA on top of her. SA would not let CL up so CL bit her on the shoulder. SA would not give CL the phone but called SDSO herself. Deputies arrived. CL claims that they were "nasty" to her and would only listen to SA. CL states that they "made a show" over the bite although CL stated she could have bit SA much harder and only bit hard enough to get her off. CL was taken to the hospital under 5150 and kept for 72 hours. While hospitalized, CL told the doctor what happened and stated that she did not feel safe in her home and that she wanted SA out. CL was D/C home on 2/19/11 and found SA in the process of moving out. CL changed the locks.

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information if
conserved or
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POA

POAs, names of the
authorized agents,
and if APS received
copies

Criminal History

Document Criminal
History

Trust

Trust, name of
trustee and
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Scripps Mercy Hospital

Social Service Record

RIVES, BOBBYE J
MRN: 200251338 DOB: 10/23/1927 F/83
02/18/11 ACCT: 916209018
CABREJOS, CLAUDIO MD

SCRIPPS MERCY HOSPITAL, SAN DIEGO

2/17/11	Received a call from Carlos Morales, APS, wants to come talk to pt to see if she wants to open a case against daughter Larnita (allegations of abuse by dau), he will come to talk to pt on 2/18/11. (SW covering for assigned SW Arlene)
2/18/11	SW receiving a call from Kathleen, wants to give us following info: Kathleen APS/ did psychosocial assessment 760 754-5952, work cell phone 760 681-6358, no open APS case, referral, assessment on 1/28 diagnosis rule out dementia, rule/out major depressive dis. Pt hard of hearing, difficult ambulation. Long family discord bet dau/mo, pt lost hu 2 yrs ago. Complex family dynamics. Pt has bit, and hit dau (Larnita) with vacuum. Larnita is at pts hm to care for mother, states she is trying to get pt services she needs, per Kathleen. No knowledge that pt wants dau to leave. Dr Cava-PCP- no. (619) 221-4490. Mo/dau have discord, both suspicious, don't trust each other. Pt puts chairs behind doors- for security. Kathleen does not think mo/dau should cont. to live together. (SW covering for assigned SW Arlene)
2/18/11 - Carlos	<div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>County of San Diego</p> <p>CARLOS MORALES SENIOR SOCIAL WORKER</p> <p>HEALTH & HUMAN SERVICES AGENCY AGING & INDEPENDENCE SERVICES P.O. Box 23217 San Diego, CA 92183-3217</p> <p>(858) 505-6461 FAX (858) 495-5080 MS W439</p> </div> </div>
APS come to talk to pt, wants to know if pt wants to file APS Report. Pt gave verbal consent to talk to Carlos/APS. Paul Downey - 760-754-5948 - P. Gonzalez, met will be working the case, they can assist in removing Daughter Larnita from Pts home, but they can't do anything until Pt Discharges (She is safe here) Pt crying, "Only Daughter I have, I bit her to defend myself". Pt wants Daughter out of the House. PC.	<p>SW covering for Arlene -</p>



3INTER

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Task TC SA

Task

Subject TC SA


Case Note Type Supervisor Note

TC to SA/CL's dtr, Larita Pette (707-853-2049; larita.pette@gmail.com) in response to messages left requesting return call. Pette reported her dissatisfaction w/services received from APS. Pette reported upset re: being served EPO/TRO by her mother, Bobbye Rives (CL). Pette stated that she wants Rives to be medically evaluated by "geriatric specialist" and wants TRO to be dropped. Pette stated that she has attorney and is working w/Southern Caregivers Resource Center. Pette described Rives as "a bully." Pette reported physical abuse by Rives. Pette denied being abusive toward Rives.

Explained that APS cannot provide any info to Pette re: Rives and explained confidentiality constraints. Explained that APS cannot force Rives to undergo medical evaluation. Pette stated that she wants Rives to be referred to geriatric specialist. Provided Rives w/option of making referral to AIS-ST or MHS-GS, explained programs and gave Rives contact information for each.

Informed Rives that her APS case is currently closed. Provided Rives w/AIS 800# should she desire to report any new incidents of abuse or if she is in need of community referral info. Rives denied needing any current community referral info.

Rives stated that she has additional documentation. Provided email address and encouraged Rives to email desired info to this Sup.

Regarding  APS Case for Bobbye Rives referred 7/23/2014

Owner  Dawn Gibbons

Duration 45 minutes

Priority

Normal

Actual Start 8/25/2014

Due

Legacy Fields

Legacy ID

Last Modified On

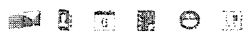
Legacy Client ID

Last Modified By

Last Modified By ID

Notes

813



Compose

Inbox (5)

Drafts (17)

Sent

Spam (23)

Trash (19)

Smart Views

Folders (11)

Recent

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Liberty University Online
Earn Your Master's Degree At
Liberty University!

Garden Manor Referral (3)

People

Elizabeth Borgen

To: 'huffdog@sbcglobal.net'

CC: 'resanders16@yahoo.com', Violet Lazarescu, Leilanie Pallen

Sep 15, 2014

Hi Jim,

I just wanted to thank you for referring your friend Ralph to see how I may be able to help him for Bobbye at Garden Manor. He came to take a tour on Saturday, and I have a call into him to see how I can help best J. Thank again!

Libby Borgen
Sales Manager

Emeritus at Garden Manor – A Brookdale Community (# 24349)

10200 Chapman Avenue | Garden Grove | CA 92840

Main (714) 636-6453 | Fax (714) 636-0978

Elizabeth.Borgen@brookdale.com or gardenmanor.srd@emeritus.com | www.brookdale.com | www.emeritus.com

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Follow Emeritus on: [Facebook](#) | [Twitter](#) | [YouTube](#) | [Senior Care Blog](#)



----- This email may contain confidential protected health information and/or attorney privileged information. If received in error, see our Privacy Statement at <http://www.brookdaleliving.com/privacy-policy.aspx>

Reply, Reply All or Forward | More

ralph sanders She has gone to be with the Lord. Thank you

Sep 15, 2014

Elizabeth Borgen

Sep 15, 2014

To: 'ralph sanders'

I am so very sorry.....

Show original message

----- This email may contain confidential protected health information and/or attorney privileged information. If received in error, see our Privacy Statement at <http://www.brookdaleliving.com/privacy-policy.aspx>

Reply, Reply All or Forward | More

Click to reply

Subject: Experienced Senior Living Advisor waiting for your call (call Nicole at 657-200-6814)

From: Customer Care (customer@aplaceformom.com)

To: resanders16@yahoo.com;

Date: Monday, July 28, 2014 12:51 PM



The Search for Senior Living ...Simplified



visit our website

A free advisory service for families in search of elder care or senior housing

Dear Ralph,

We have matched you with a free, personal Senior Living Advisor who is ready to take your call right now! You can call Nicole Williams directly at **657-200-6814** or email NicoleL@aplaceformom.com. Once you connect, Nicole will be able to help you and your family find answers to all your senior living questions.



Nicole Williams

Phone: 657-200-6814

Email: NicoleL@aplaceformom.com

Learn more by visiting your advisor's personal website

Our knowledgeable and trained advisors help nearly 150,000 families find senior care and housing each year for free. Let us help your family today by calling Nicole right now at **657-200-6814** or email NicoleL@aplaceformom.com.

We are North America's largest senior living information service, and we work with many different partner websites to find families in need of our help, as well as many senior care providers who can help them. This broad network helps us find appropriate senior care options for families like yours. To learn more about A Place for Mom, you can visit our website, read more about us, or see what other families are saying about our free service.

Nicole will also try to call you today in case we don't hear from you. Don't hesitate to reach Nicole first at **657-200-6814** or email NicoleL@aplaceformom.com.

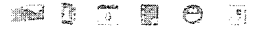
We look forward to talking to you soon!

Thank You,

A Place for Mom

A Place for Mom's Family is the first online community website set up specifically for the families of aging loved ones to talk about eldercare. Find or share tips on moving mom or dad, legal matters, financial aid for Veterans, Alzheimer's care, dementia and so much more. Join today!

8b2



Compose 1 Delete Move Spam More

- Inbox (5)
- Drafts (17)
- Sent
- Spam (23)
- Trash (19)
- Smart Views
- Folders (11)
- Recent

Start Download
Avoid Spelling Mistakes
with Free Spell Checker
-Download for Free!

Thank you for your inquiry

Caring.com
To: resanders16@yahoo.com

Sep 12, 2014

Hi Ralph

Thank you for your inquiry about senior living communities. We'll be in contact soon with cost information, amenities, and other details about the communities in your area.

Here are providers that might fit your needs.



Inn at the Park
10 Marquette
Irvine, CA 92612
6 Miles away from 92701



Nohl Ranch
380 S. Anaheim Hills Rd
Anaheim Hills, CA 92807
8 Miles away from 92701



Emeritus at Brookhurst
15302 BROOKHURST ST
Westminster, CA 92683
5 Miles away from 92701



Emeritus at Garden Manor
10200 Chapman Avenue
Garden Grove, CA 92840
6 Miles away from 92701



Emeritus at Orange
142 South Prospect
Orange, CA 92869
3 Miles away from 92701

Next Step: Schedule a Visit

If you'd like to talk right away, please call us at (800) 973-1540. I look forward to speaking with you soon.



Customer Care Team
customerservice-advisor@caring.com | (855) 393-4218
You're there for them. We're here for you.™

This message was delivered to resanders16@yahoo.com.
You received this e-mail because you requested information about senior living communities on Caring.com.
The Caring.com community team is also available to help with your account. [Contact Us](#)

Connect with Caring.com:

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FREE
TRASH
BAG
SAMPLES!



CLICK
HERE

16

ralph sanders, search your mailbox

Home

ralph

Compose

Search results Archive Move Delete Suppress All More

Add Gmail, Outlook, AOL and more

Scanned document from HP ePrint user (5)

People

Inbox (9)

eprintcenter@hp.com This email and attachment are sent on behalf of 11/15/16 at 12:03 PM

Drafts (20)

Sent

ralph sanders <resanders16@yahoo.com> 11/15/16 at 12:09 PM

Archive

To grady vickers

Spam (26)



Trash (14)



Hello Grady
The next two emails will show the amount and dates of the funds received from the trust and what those funds were used for.

Smart Views

Important

Unread

Starred

People

Social

Shopping

Travel

Finance

for pops

temilynnvaughn7@gmail...

LUIS VENTURA

FOUNDATION GROUP

dan kalili

stephanie dutoir

jared eugene

PATRICK HOSEY

— On Tue, 11/15/16, eprintcenter@hp.com <eprintcenter@hp.com> wrote:

> From: eprintcenter@hp.com <eprintcenter@hp.com>

> Subject: Scanned document from HP ePrint user

> To: resanders16@yahoo.com

> Date: Tuesday, November 15, 2016, 11:34 AM

>

> This email and attachment are sent on behalf of

> resanders16@yahoo.com.

>

> If you do not want to receive this email in future, you may

> contact resanders16@yahoo.com directly or you may

> consult your email application for spam or junk email

> filtering options.

>

> Regards,

> HP Team

>

Folders (6)

it

preschool le... (6)

Recent

filename-1.pdf

Reply Reply to All Forward More

ralph sanders This page shows what was done with the money. — O 11/15/16 at 12:16 PM

ralph sanders Hello Grady, Here is an invoice from one of my lawyers 11/17/16 at 12:15 PM

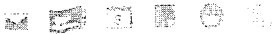
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Click to view the attachment

All ralph sanders, search your mailbox

Home

ralph



Compose

Search results Archive Move Delete Expand All More

Add Gmail, Outlook, AOL and more

Inbox (105)

Drafts (26)

Sent

Archive

Spam (56)

Trash (21)

Smart Views

Folders (6)

it

preschool te... (6)

Recent

Sponsored



Stan on Daily

Remember Her? What She Looks Like Now is Insane

[No Subject] (5)

People

ralph sanders Hello Grady, I hope you are doing well. Just checking c 12/20/16 at 9:30 PM

Grady B Vickers Jr <grady@gtvproperties.com>

Jan 12 at 2:24 PM

To 'ralph sanders'

Hello Ralph,
I am sorry your BK has taken so long. Lately I have been overwhelmed with emergencies. Will see you soon.

Thank you,

GRADY B VICKERS, JR
CEO / PRESIDENT

GTV PROPERTIES INCORPORATED
19252 KANBRIDGE STREET
APPLE VALLEY, CALIFORNIA 92308-6070
760.240.7120 OFFICE
760.247.7198 FAX
760.964.1300 CELL
grady@gtvproperties.com

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ralph sanders Hello Grady, Thank you for getting in contact. I pray th Jan 12 at 6:19 PM

ralph sanders Hello Grady, I pray you are doing well. Are things stabl Jan 22 at 6:24 PM

ralph sanders Hello Grady, 5 payments 01-05-16 \$576 01-11-16 \$726 Jan 23 at 9:56 PM



BOBBYE RIVES TRUST DISTRIBUTIONS TO RALPH SANDERS

12/24/2014	4,000	Deposit 1,000 Netspend 4489887233 Car Repairs Minnesota trip and expenses Car payment (400) Christmas gifts for 9 Grandchildren Monthly living expenses including Rent Deposit 1,097 Netspend 4489887233 on 02/07
01/15/2015	900	Payday loan pay-offs, continental, cash n more, main street
02/12/2015	5,000	Deposit 2,397 Netspend 4489887233 02/14 Deposit 2,200 Netspend 4489887233 02/18 Plaingreen loans (500) Minnessota and Michigan trip and expenses Foothill Dental (1,900) Monthly living expenses including rent
02/18/2015	16,375	Rives Trust check #1020 Honda Financial (car payoff)
03/04/2015	2,500	Deposit 1,902 Netspend 4489887233 03/05
3/10/2015	2,500	Deposit 997 Netspend 4489887233 03/10 New Clothing (484) Foothill Dental (341) Monthly Living expenses including rent
03/23/2015	2,500	Deposit 2,500 Netspend 4489887233 3/21 New Clothing (353) 5 day Catalina trip with 3 Grandchildren
03/23/2015	2,500	Deposit 2,500 Netspend 4489887233 3/21 5 day Catalina trip with 3 Grandchildren
04/10/2015	2,500	Deposit 2,000 Netspend 4489887233 4/10 Home Improvements (746) Monthly living and rent Transferred 962 into new 3765421009
4/27/2015	2,500	Deposit 2,000 Netspend 3765421009 4/28 Deposit 417 Netspend 3765421009 5/23 Dodger Stadium (300) Foothill Dental (140) Monthly Living and May rent
5/25/2015	2,500	Deposit 2,500 Netspend 3765421009 5/28 1,000 in home savings for June, July living expenses
5/28/2015	2,500	Deposit 2,197 Netspend 3765421009 5/28 Minnesota trip Non Profit Prep (foundation group 241, lexington law 100, credit reports 28)

BOBBYE RIVES TRUST
DISTRIBUTIONS TO RALPH
SANDERS

Car pay off	16,750	
Lawyer payments	31,950	
Non Profit start up in August	20,000	17,855 FOR RBHOUSING
Including October lease:		2,145 PERSONAL SAVINGS
6,450 deposit/ 1st month's rent		
1,500 furniture utilities		
1,350 incorporation fees		
Netspend Deposits (12/26/14 - 4/22/15)		1,000 (12/26/14)
Account 4489887233		1,957 (01/23/15)
Checks:		2,200 (02/18/15)
\$ 4,000 100	22,400	2,397 (02/14/17)
\$ 900 230		1,097 (02/09/17)
\$10,000		2,000 (02/10/17)
1012,1014,1015,1016(2,500ea)		
\$ 7,500 1025,26,27,28 (\$2,500 each)		

Note: I did not have a bank account at this time

Includes: cash to purchase money orders to pay off debts.. I did forward some receipts with the last info I left but I forgot to make copies. I have included one I found as an example and I forwarded charts to show how my credit score improved from low 500 to high 600 during this period with the last info I left.

Includes gifts to family and 9 grandchildren and cash used on 4 trips to Minnesota and Catalina.

Netspend Deposits(4/15-4/17)		2,000 (04/25/15)
Account 3765421009		
Checks: 101,1028,1045 (\$2,500 each)	7,500	4,697 (05/30/15)
Transfer: \$957 to Netspend 4489887233		417 (05/23/15)
		671 (07/15/15)
		300 (08/24/15)

98,600

07/08/2015	10,000	Check 1046 Rives Trust to Patrick Hosey attorney
08/17/2015	20,000	Deposit 20,000 Chase 336326637 8/19 Starting Robbie Bobbye Housing non profit Includes; (in October) 6,450 deposit and 1 st month's rent 1,500 furniture and utilities 1,300 incorporation fees
08/31/2015	5,000	Patrick Hosey, attorney(cashed, then cashier's check)
10/18/2015	5,000	Patrick Hosey, attorney(cashed, then cashier's check)
10/19/2015	3,750	Check 1042 Rives Trust to Chris Albence attorney
3/03/2016	8,700	Patrick Hosey, attorney (7,0000)
	1,700	In home savings for future living needs

June 15, 2017

Re: Ralph E. Sanders
1251 W. Bishop Street
Santa Ana, California 92703

Ref.: BK Case No. 8:17-bk-10265-MV

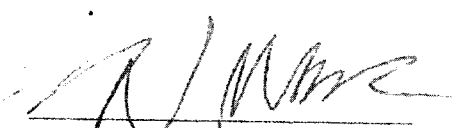
To Whom It May Concern:

My husband, Grady Vickers prepared bankruptcy petition for the above referenced case number, but he made mistake with inherence for the referenced individual received due to his illness, kidney cancer when he filed the above refenced bankruptcy petition.

My husband passed away on May the 21st of this year.

Please let me know if you need further information.

Sincerely yours,



Kyung Vickers

Compose

Add Gmail, Outlook, AOL and more

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Spam (2)

Trash (12)

Smart Views

Important

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Travel

Finance

for pops

terriylinnvaughn7@gmail...

LUIS VENTURA

FOUNDATION GROUP

dani kalili

stephanie dufour

jared eugene

PATRICK HOSEY

Folders (6)

it

preschool le... (6)

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Search: ralph sanders, search your mailbox

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Sanders, Ralph E. 8:17-bk-10265 (9)

David M. Fitzgerald Mr. Sanders, Please be advised that your contin Apr 25 at 11:24 AM

Ng, Queenie K. (USTP) Mr. Sanders, Based on our telephone conver May 2 at 3:29 PM

ralph sanders Thank you, Ralph Sanders May 3 at 8:32 AM

Ng, Queenie K. (USTP) <Queenie.K.Ng@usdoj.gov> May 3 at 9:44 AM

To: ralph sanders

Thank you. Based on my discussion with the Ch. 7 trustee, I understand that we are still missing your property management agreement. In addition, will you be amending the Statement of Financial Affairs Item #5 to disclose all income received in the 2-year period prior to the bankruptcy (including the \$98K trust proceeds and any and all income paid to you by Robbie Bobbye Housing Inc.) and Item # 27 to disclose your business (Robbie Bobbye Housing Inc.) and all the relevant information relating to the business? If so, when will you file the amendment?

Did you receive any income from Robbie Bobbye Housing Inc. in 2015, 2016 and 2017? If so, please provide all the information, including the amount you received and documentation to show the receipts for the foregoing period.

Thank you.

Queenie K. Ng
Trial Attorney
Office of the United States Trustee
411 West Fourth Street, Suite 7160
Santa Ana, California 92701
Telephone: (714) 338-3403
Facsimile: (714) 338-3421
Queenie.K.Ng@usdoj.gov

Show original message

Reply Reply to All Forward More

ralph sanders I can go amend Friday morning. I am so sorry that the May 3 at 12:15 PM

Ng, Queenie K. (USTP) Thank you. May 3 at 2:35 PM

Ng, Queenie K. (USTP) I have the wrong judge name on page 1 of the May 4 at 4:01 PM

ralph sanders Hello, Sure, that is okay. I really appreciate you giving May 4 at 10:45 PM

Ng, Queenie K. (USTP) Thank you. I also need to change the title to May 8 at 9:23 AM

Which of the following pet food have you heard of?

SELECT UP TO 5 ANSWERS

Natural Balance

Blue Buffalo

Royal Canin

Hill's Science Diet

Purina Pro Plan

Powered By Nielsen
View Privacy Policy

Max Me on flickr

13

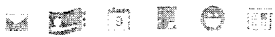
1/1

https://us-mg205.mail.yahoo.com/neo/launch?rand=82g11ou26m7c9#1976271821

All ralph sanders, search your mailbox

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ralph



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Drafts (27)

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Spam (133)

Trash (44)

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> Recent

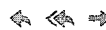
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The Viral Fizz

Lebron Shares Some Choice Words For NBA Greats

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Sanders, Ralph E. 8:17-bk-10265 (15)

Finance

Ng, Queenie K. (USTP) Thank you. Based on my discussion with t May 3 at 9:44 AM

ralph sanders I can go amend Friday morning. I am so sorry that th May 3 at 12:15 PM

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Ng, Queenie K. (USTP) I have the wrong judge name on page 1 of t May 4 at 4:01 PM

ralph sanders Hello. Sure, that is okay. I really appreciate you givin May 4 at 10:45 PM

Ng, Queenie K. (USTP) Thank you. I also need to change the title t May 8 at 9:23 AM

ralph sanders Hello, Good Morning. I am writing today to make sure Aug 1 at 9:04 AM

Ng, Queenie K. (USTP) <Queenie.K.Ng@usdoj.gov> Aug 1 at 2:49 PM
To: ralph sanders

I note that you filed an amended Statement of Financial Affairs on 5/5/2017. You should check with the Chapter 7 Trustee if that is sufficient or if they need you to file another amendment.

I have no idea how Ms. Pette is getting the information.

Queenie K. Ng
Trial Attorney
Office of the United States Trustee
411 West Fourth Street, Suite 7160
Santa Ana, California 92701
Telephone: (714) 338-3403
Facsimile: (714) 338-3421
Queenie.K.Ng@usdoj.gov

> Show original message

Reply Reply to All Forward More

ralph sanders Ok. Thank you so much. Sincerely, Ralph E Aug 1 at 9:14 PM

ralph sanders Good Morning. Hello. What time am I required to app Aug 7 at 10:11 AM

Ng, Queenie K. (USTP) Can you please check with the Ch. 7 trustee Aug 7 at 10:37 AM

ralph sanders Yes, thank you Aug 7 at 10:52 AM

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Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address RALPH SANDERS 1251 W BISHOP SANTA ANA, CA 92703 <input checked="" type="checkbox"/> Individual appearing without attorney <input type="checkbox"/> Attorney for Debtor	FOR COURT USE ONLY <div style="border: 1px solid black; padding: 5px; text-align: center;">FILED MAY 05 2017 <small>CLERK U.S. BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA BY: Deputy Clerk</small></div>
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA DIVISION	
In re: RALPH SANDERS <div style="text-align: right;">Debtor(s)</div>	CASE NO.: 8:17-BK-10265(G) CHAPTER: 7 SUMMARY OF AMENDED SCHEDULES, MASTER MAILING LIST, AND/OR STATEMENTS [LBR 1007-1(c)]

A filing fee is required to amend Schedules D or E/F (see Abbreviated Fee Schedule on the Court's website www.cacb.uscourts.gov). A supplemental master mailing list (do not repeat any creditors on the original) is required as an attachment if creditors are being added to the Schedule D or E/F.
Are one or more creditors being added? ☐ Yes ☐ No

The following schedules, master mailing list or statements (check all that apply) are being amended:

- | | | | | |
|---|-------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Schedule A/B | <input type="checkbox"/> Schedule C | <input type="checkbox"/> Schedule D | <input type="checkbox"/> Schedule E/F | <input type="checkbox"/> Schedule G |
| <input type="checkbox"/> Schedule H | <input type="checkbox"/> Schedule I | <input type="checkbox"/> Schedule J | <input type="checkbox"/> Schedule J-2 | <input checked="" type="checkbox"/> Statement of Financial Affairs |
| <input type="checkbox"/> Statement About Your Social Security Numbers | | <input type="checkbox"/> Statement of Intention | | <input type="checkbox"/> Master Mailing List |
| <input type="checkbox"/> Other (specify) _____ | | | | |

I/we declare under penalty of perjury under the laws of the United States that the amended schedules, master mailing list, and/or statements are true and correct.

Date: 5-5-17

Ralph Sanders
Debtor 1 Signature

Debtor 2 (Joint Debtor) Signature (if applicable)

NOTE: It is the responsibility of the Debtor, or the Debtor's attorney, to serve copies of all amendments on all creditors listed in this Summary of Amended Schedules, Master Mailing List, and/or Statements, and to complete and file the attached Proof of Service of Document.

This form is mandatory. It has been approved for use by the United States Bankruptcy Court for the Central District of California

Fill in this information to identify your case:

Debtor 1 Ralph E. Sanders
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Central District of California

Case number
(if known) _____

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☐ Married
☒ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Number _____ Street _____	From _____ To _____	Number _____ Street _____	From _____ To _____
City _____ State _____ ZIP Code _____		City _____ State _____ ZIP Code _____	
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Number _____ Street _____	From _____ To _____	Number _____ Street _____	From _____ To _____
City _____ State _____ ZIP Code _____		City _____ State _____ ZIP Code _____	

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

Debtor 1

Ralph E. Sanders

First Name Middle Name Last Name

Case number (if known)

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No

☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of Income Check all that apply.	Sources of Income Check all that apply.
	Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$ 0.00	\$
For last calendar year: (January 1 to December 31, 2015) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$ 20,858.00	\$
For the calendar year before that: (January 1 to December 31, 2014) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$ 32,269.00	\$

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No

☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of Income Describe below.	Sources of Income Describe below.
	Gross income from each source (before deductions and exclusions)	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	ELVESTREST RBHOUSING (FOOD, GAS)	
	\$ 9,680.00	\$
	\$ 3,200.00	\$
	\$	\$
For last calendar year: (January 1 to December 31, 2016) YYYY	Unemployment	
	\$ 2,568.00	\$
	\$	\$
	\$	\$
For the calendar year before that: (January 1 to December 31, 2015) YYYY	Unemployment	
	\$ 6,807.00	\$
	\$	\$
	\$	\$

Debtor 1 Ralph E. Sanders
First Name Middle Name Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- ☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.

- ☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
800 Loanmart Creditor's Name	11/01/2016	\$ 2,058.00	\$ 9,227.00	<input type="checkbox"/> Mortgage
	12/01/2016			<input checked="" type="checkbox"/> Car
Number Street				<input type="checkbox"/> Credit card
P. O. Box 260210	01/01/2017			<input type="checkbox"/> Loan repayment
Encino CA 91426 City State ZIP Code				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____
Creditor's Name		\$ _____	\$ _____	<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
City State ZIP Code				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____
Creditor's Name		\$ _____	\$ _____	<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
City State ZIP Code				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____

Debtor 1

Ralph E. Sanders

First Name Middle Name Last Name

Case number (if known)

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				